

Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form  
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)  
☐ Special Odd-Year Campaign Report  
☐ Semi-annual Statement  
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period  
from RECEIVED

Date Stamp

through 20/11/98

Date of election if applicable:

(Month, Day, Year)

CITY CLERK  
CITY OF LODI

11/3/98

COVER PAGE - LONG FORM

CALIFORNIA  
1994 FORM **490**

Page 1 of 20

For Official Use Only

Officeholder, Candidate, and Controlled Committee  
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Alan S. Nakanishi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1136 Junewood Court

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
Lodi, CA 95242 (209) 478-1797

COMMITTEE NAME

Nakanishi for City Council

I.D. NUMBER

9801990

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

10 22 98

I am going is true and correct.

By [Signature]

10 22/98

I am going is true and correct.

By [Signature]

Allocation Page — Part II  
Contributions and Independent Expenditures  
Made From Personal Funds

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

ALLOC ON - PART II

Statement covers period		CALIFORNIA 1994 FORM 490
from 10/1/98	through 10/17/98	
		Page 2 of 20

SEE INSTRUCTIONS ON REVERSE

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
10/16/98	Richard Pombo	x			1000	1000	
*See reverse regarding independent expenditures					SUBTOTAL \$ 1000		

ALLOCATION — PART II SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds.  
(Include all Allocation Page — Part II subtotals.) \$ 1000
- Contributions and independent expenditures under \$100 made this period from personal funds.  
(Do not itemize.) \$ 0
- Total contributions and independent expenditures made this period from personal funds.  
(Do not carry this total to the Summary Page.) TOTAL \$ 1000

Allocation Page — Part I  
Contributions and Independent Expenditures  
Made From Campaign Funds

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

ALLOC CN - PART I

Statement covers period from 10/1/98 through 10/17/98		CALIFORNIA 1994 FORM 490	
		Page 3 of 20	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Alan Nakanishi/Nakanishi for City Council		I.D. NUMBER 9801990	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP <sup>1</sup>	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

\* See reverse regarding independent expenditures.

SUBTOTAL \$

Attach additional information on appropriately labeled continuation sheets.

ALLOCATION — PART I SUMMARY

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.  
(Include all Allocation Page — Part I subtotals.) \$ 0
- Contributions and independent expenditures under \$100 made this period from campaign funds.  
(Do not itemize.) \$ 0
- Total contributions and independent expenditures made this period from campaign funds.  
(Do not carry this total to the Summary Page.) TOTAL \$ 0

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/1/98 through 10/17/98	CALIFORNIA 1994 FORM <b>490</b>
Page 4 a of 20	I.D. NUMBER 9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 2571	\$ 2873	\$ 5444.00
2. Loans Received	Schedule B, Line 7	3000	350	3350.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 5571	\$ 3223	\$ 8794.00
4. Non-monetary Contributions	Schedule C, Line 3	840	340	1680.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 6411	\$ 4063	\$ 10,474.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 6411	\$ 4063	\$ 10,474.00

## Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 4793.21	\$ 0	\$ 4,793.21
9. Loans Made	Schedule H, Line 7	0	0	0.00
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 4793.21	\$ 0	\$ 4,793.21
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	0	0	0.00
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 4793.21	\$ 0	\$ 4,793.21

## Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 3223.00
14. Cash Receipts	Column A, Line 3 above	5571.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
16. Cash Payments	Column A, Line 10 above	4793.21
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 4000.79
If this is a termination statement, Line 17 must be zero.		
ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT		

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ 0	\$ 10,474.00
22. Expenditures Made	\$ 0	\$ 4,793.21

## Cash Equivalents and Outstanding Debts

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ 0.00
19. Cash Equivalents	See Instructions on reverse	\$ 0.00
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 0.00

# Schedule Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period

from 10/1/98

through 10/17/98

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490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/1/98	Carrol Snarr 1051 S. Central Avenue Lodi, CA 95240	Bookkeeper Delta Eye Med.	100	100	
10/1/98	Takayuki Kishida 789 E. Armstrong Road Lodi, CA 95242	Farmer (Self Employed)	100	100	
10/1/98	Peter Bregman 11701 E. Kettleman Lane Lodi, CA 95240	Financial and Insurance Services (Self Employed)	100	100	
10/1/98	Frank Alegre 2000 Edgewood Drive Lodi, CA 95242	Alegre Trucking (Self Employed)	300	300	
10/14/98	Ken Heffel 800 S. Ham Lane Lodi, CA 95242	Vienna Convalescent Hospital (Self Employed)	500	500	

SUBTOTAL \$ 1100

## Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 2100
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 471
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 2571

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCH LEA (cont.)

Statement covers period		<b>CALIFORNIA</b> <b>1997 FORM 490</b>
from 10/1/98	through 10/17/98	
		Page 5 of 20

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/12/98	John Gemelos 456 Hollywood Tracy, CA 95376	Retired Farmer	300	300	
10/15/98	Rene Marasigan 4378 Mallard Creek Circle Stockton, CA 95207	Physician (Self Employed)	500	500	
10/6/98	Jean Ann Brodie 1110 W. Monterey Stockton, CA 95204	Homemaker	200	200	
SUBTOTAL \$ 1000					

Schedule B — Part I  
Loans Received

Type or print. Link.  
Amounts may be rounded  
to whole dollars.

SCH FILE B - Part I

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER/GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
10/10/98	Alan Nakanishi 1617 St. Marks Plaza, Suite D Stockton, CA 95207 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	Delta Eye Medical (physician)	DUE DATE None INTEREST RATE 0 %	3000	CALENDAR YEAR \$ OTHER \$		CALENDAR YEAR \$ OTHER \$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE %		CALENDAR YEAR \$ OTHER \$		CALENDAR YEAR \$ OTHER \$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE %		CALENDAR YEAR \$ OTHER \$		CALENDAR YEAR \$ OTHER \$
*See important instructions on reverse.			SUBTOTAL \$ 3000		Enter (b) on Summary Page, Line 18 only.		

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ 3000
- Loans under \$100 received this period. (Do not itemize.) \$ 0
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 3000

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL \$ ( 0 )
- Net change this period. (Subtract Line 6 from Line 3.) NET \$ 3000

Enter the net here and on the Summary Page, Column A, Line 2.

May be a negative number.

Schedule B — Part I (Continuation Sheet)  
Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - Part I (cont.)

Statement covers period from 10/1/98 through 10/17/98	CALIFORNIA FORM 490 Page 7 of 20
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*							
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*							
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*							
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*							
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*							

\*See important instructions on reverse of page 1 of Schedule B, Part I.

SUBTOTAL \$	(a) 0	(b) 0	Enter (b) on Summary Page Line 18 only.
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**Schedule B — Part II**  
**Repayments Made on Loans Received, Loans**  
**Forgiven, and Loans Repaid by a Third Party**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCH: LEB - Part II

Statement covers period  
from 10/1/98  
through 10/17/98

California 490  
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER
9801990

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
Attach additional information on appropriately labeled continuation sheets.			SUBTOTAL	\$ (c) 0	TOTAL INTEREST PAID THIS PERIOD	\$ (d) 0

**\*IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

## Schedule B — Part III

### Annual Report of Outstanding Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCH LEB - Part III

Statement covers period  
from 10/1/98  
through 10/17/98

**CALIFORNIA** **490**  
**1991 FORM**

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER	
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9801990

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
		TOTAL	\$ 0	

Attach additional information on appropriately labeled continuation sheets.

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

Schedule C  
Non-Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/1/98 through 10/17/98	CALIFORNIA UNIFORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER  
9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/1/98	John Saca 1110 W. Kettleman Lane Lodi, CA 95240	Saca Properties	Office	840	1680	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 840

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) \$ 840
- Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.) \$ 0
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TO AL \$ 840

## Schedule D

## Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 10/1/98

through 10/17/98

CALIFORNIA  
FORM 490

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NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (If COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (If SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
Attach additional information on appropriately labeled continuation sheets.			SubTOTALS \$	(a) 0	(b) 0	

## Enforceable Promises Received Summary

1. Promises received of \$100 or more this period (Column (a)). \$ 0
2. Promises received under \$100 this period.  
(Do not itemize.) \$ 0
3. Total promises received this period.  
(Add Lines 1 and 2.) TOTAL \$ 0
4. Payments received on promises of \$100 or more this period.  
(Column (b)). \$ 0
5. Payments received on promises under \$100 this period.  
(Do not itemize. Also include on Schedule A Summary, Line 2.) \$ 0
6. Total payments received.  
(Add Lines 4 and 5.) TOTAL \$ ( 0 )
7. Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on  
the Summary Page, Column A, Line 6.) NET \$ 0  
May be a negative number

# Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 10/1/98 through 10/17/98	<div> <div>2000</div> <div>1994 FORM 490</div> </div>
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I.D. NUMBER 9801990	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

## CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |   |   |   |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING                                    | "G" -- GENERAL OPERATIONS AND OVERHEAD                      |
| "I" -- INDEPENDENT EXPENDITURES   | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE   | "O" -- OUTSIDE ADVERTISING                                      | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|   | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |   |
|   | "F" -- FUNDRAISING EVENTS                                       |   |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voters Guide 1658 W. Carson Street, Suite 454 Torrence, CA 90501	L		550
Scott's Screen Art 711 E. Market Street Stockton, Ca 95202		Yard Signs	781.19
Evans Communications 2432 Rio Brava Circle Sacramento, CA 95826	L		2857.95

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 4189.14

## Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 4746.90
2. Payments made this period of under \$100. (Do not itemize.)	\$ 46.31
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ 0.00
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 0.00
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 4793.21

Schedule E  
(Continuation Sheet)  
Payments and Contributions  
(Other Than Loans) Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCH JLE E (cont.)

Statement covers period from 10/1/98 through 10/17/98		<b>CALIFORNIA</b> <b>1874 FORM</b> <b>490</b>
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Alan S. Nakanishi/Nakanishi for City Council		I.D. NUMBER 9801990

SEE INSTRUCTIONS ON REVERSE

CODES FOR CLASSIFYING EXPENDITURES

- |   |   |   |
|---|---|---|
| *C* -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* -- BROADCAST ADVERTISING                                    | *G* -- GENERAL OPERATIONS AND OVERHEAD                      |
| *I* -- INDEPENDENT EXPENDITURES   | *N* -- NEWSPAPER AND PERIODICAL ADVERTISING                     | *T* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* -- LITERATURE   | *O* -- OUTSIDE ADVERTISING                                      | *P* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|   | *S* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |   |
|   | *F* -- FUNDRAISING EVENTS                                       |   |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Post Master 120 S. School Lodi, CA 95240			Mailing Expenditures	557.76

SUBTOTAL \$ 557.76

Schedule F  
Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from 10/1/98 through 10/17/98	PALM BEACH COUNTY FORM 490 Page 14 of 20
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER  
9801990

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |   |   |   |
|---|---|---|
| *C* -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* -- BROADCAST ADVERTISING                                    | *G* -- GENERAL OPERATIONS AND OVERHEAD                      |
| *I* -- INDEPENDENT EXPENDITURES   | *N* -- NEWSPAPER AND PERIODICAL ADVERTISING                     | *T* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* -- LITERATURE   | *O* -- OUTSIDE ADVERTISING                                      | *P* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|   | *S* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |   |
|   | *F* -- FUNDRAISING EVENTS                                       |   |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (If COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.		
	CODE	OR DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Accrued Expenses Summary

- |   |                     |
|---|---------------------|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)   | \$ 0                |
| 2. Accrued expenses this period of under \$100. (Do not itemize.)   | \$ 0                |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)  | INCURRED TOTAL \$ 0 |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)                     | PAID TOTAL \$ ( 0 ) |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$ 0            |

May be a negative number.

Schedule  
Payments Made by an Agent or Independent  
Contractor (on Behalf of an Officeholder or  
Candidate)

A Write or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from 10/1/98 through 10/17/98	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

\*L\* - LITERATURE

\*B\* - BROADCAST ADVERTISING

\*N\* - NEWSPAPER AND PERIODICAL ADVERTISING

\*O\* - OUTSIDE ADVERTISING

\*S\* - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

\*F\* - FUNDRAISING EVENTS

\*T\* - TRAVEL, ACCOMMODATIONS AND MEALS  
(MUST BE DESCRIBED)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$ 0

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

Schedule H — Part I  
Loans Made to Others

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCH. H - Part I

Statement covers period		<b>CALIFORNIA</b> <b>REG. FORM 490</b>
from	10/1/98	
through	10/17/98	Page 16 of 20

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (If COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ 0

Loans Made to Others — Part I Summary

- Loans of \$100 or more made this period.  
(Include all Loans Made — Part I subtotals.) \$ 0
- Loans under \$100 made this period.  
(Do not itemize.) \$ 0
- Total loans made this period.  
(Add Lines 1 and 2.) TOTAL \$ 0

Loans Repayments Received — Part II Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.  
If forgiven, also itemize on Schedule E.) \$ 0
- Payments received on loans under \$100.  
(Including a forgiveness. Do not itemize.) \$ 0
- Total loan payments received this period.  
(Add Lines 4 and 5.) TOTAL \$ ( 0 )
- Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 9.) NET \$ 0

May be a negative number.

Schedule H — Part I  
Loans Made to Others  
(Continuation Sheet)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H — Part I (cont.)

Statement covers period  
from 10/1/98  
through 10/17/98

CALIFORNIA  
1998 FORM 490  
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ 0

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

067-111042601

86/1/01

10/17/98

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[illegible]

Attach additional information on appropriately labeled continuation sheets.

\$ SUBTOTAL

(\*)

0

TOTAL INTEREST RECEIVED THIS PERIOD \$

(a)

C

**\*IMPORTANT:** If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Schedule H — Part III  
Annual Report of Outstanding Loans Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H - Part III

Statement covers period  
from 10/1/98  
through 10/17/98

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER  
9801990

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Attach additional information on appropriately labeled continuation sheets.			TOTAL	\$ 0

NOTE: This total should be  
the same amount as entered  
on the Summary Page,  
Column C, Line 9.

Schedule I  
Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period from <u>10/1/98</u> through <u>10/17/98</u>	<b>CALIFORNIA FORM 490</b> 1998 FIRM
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Miscellaneous Increases to Cash Summary

1. Increases to cash of \$100 or more this period. ....	\$ 0
2. Increases to cash under \$100 this period. (Do not itemize.) ....	\$ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) ....	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) ....	\$ 0
TOTAL	\$ 0